TANF HARD-TO-SERVE
SITE-VISIT SUMMARY REPORT:
Implementation of Selected Projects

SUMMER 2004

Virginia Department of Social Services

Prepared by:

Virginia Commonwealth University
Center for Public Policy

Table of Contents

Foreword

In August of 2000, the Virginia Department of Social Services (DSS) solicited proposals for diverse service approaches and strategies to move clients receiving Temporary Assistance for Needy Families (TANF) from welfare to work. The solicitation was aptly titled *Virginia's Welfare Reform: Employment Strategies for the Hard-to-Serve*.[1] The result of the solicitation was the award of approximately $7.6 million to projects involving 80 local Departments of Social Services (LDSSs) for the implementation and delivery of services to hard-to-serve (HtS) TANF clients. LDSSs were funded for a range of programs and services in areas including, but not limited to, assessment and case management, education, learning disability, substance abuse, mental health, domestic violence, transportation, child care, and job readiness training.

DSS contracted with the Center for Public Policy (CPP) at Virginia Commonwealth University (VCU) to conduct a year-long evaluation of Virginia's TANF HtS Initiative. The evaluation included the collection and analyses of client-level and agency-level data, as well as site visits to selected LDSSs funded through the initiative. This report highlights the findings from site visits that occurred at 15 LDSSs.

The VCU site visit team would like to thank all participating LDSSs for allowing us to enter their sites and for providing us with an in-depth understanding of their important work with TANF clients. LDSS staff and community-based service providers gave of their time and energy to answer our many questions in a forthright and honest manner. Their commitment to serving TANF clients with a high degree of compassion and competence was evident.

VCU Site Visit Team

Kirsten Barrett, Ph.D.
Judith Bradford, Ph.D.
Scott Daniels, Ph.D.
Anne Rhodes, MS
Laurie Safford, MSW
David Scott, Ph.D.

Miranda Smith, BS

[1] Virginia's Welfare Reform: Employment Strategies for the Hard-to-Serve. RFP # BEN-01-001. Issue date: August 31, 2000.

EXECUTIVE SUMMARY

The Department of Social Services (DSS) contracted with the Center for Public Policy at Virginia Commonwealth University to conduct an evaluation of the Temporary Assistance for Needy Families (TANF) hard-to-serve (HtS) projects. In the summer of 2002, the Center conducted site visit to 15 local Departments of Social Services (LDSSs) that were funded through Virginia's TANF HtS Initiative.[2] The purpose of the site visits was to gain an in-depth understanding of how projects were being implemented and managed and what processes were involved in serving HtS TANF clients who have significant barriers to employment. Information was sought in six key areas: project leadership and structure, collaboration and partnerships, screening, referrals, assessment and diagnosis, and service provision. The following are highlights of findings in each of these areas.

Project Leadership and Structure

- All TANF HtS projects had leader(s) that set clear project goals and provided staff with direction.
- In 12 of 15 LDSSs visited, HtS project staff were clear about their roles and responsibilities.
- HtS project staff in 13 of 15 LDSSs visited reported that the project team met regularly to discuss program successes and challenges. The composition of the team varied with the most frequent participants being project leaders and the least frequent participants being HtS staff working with TANF clients.

[2] Virginia's Welfare Reform: Employment Strategies for the Hard-to-Serve. RFP # BEN-01-001. Issue date: August 31, 2000.

Collaboration and Partnerships

8 of 15 LDSSs visited reported having regular meetings with community-based service providers for purposes of discussing the successes and challenges of the TANF HtS project.

Eight of 15 LDSSs had other LDSSs serving as HtS project partners.

In 11 of 15 LDSSs visited, the HtS project staff interacted with employers in order to increase employment opportunities for TANF clients.

7 of 15 LDSSs visited had fully implemented activities directed at working with TANF clients who had jobs and, as needed, their employers.

Screening

13 of 15 LDSSs visited reported providing the same level of screening for all TANF clients who might participate in the project.

14 of 15 LDSSs visited had HtS project staff that had been trained in screening activities in the past year.

8 of 15 LDSSs visited had consistent referral patterns for TANF clients for follow-up assessment and diagnostic activities and service provision.

10 of 15 LDSSs visited conducted screenings in private environments. The remainder screened clients in semi-private areas such as cubicles.

TANF HtS project staff, across all 15 LDSSs visited, discussed screening findings with TANF clients and explained available services to them.

Referrals

14 of 15 LDSSs visited had HtS project staff who were familiar with service providers in their community.

8 of 15 LDSSs visited had formal systems in place to share screening information with community-based service providers.

All LDSSs visited assisted clients in ways that allowed them to comply with follow-up appointments (i.e., child care, transportation, etc.).

In all LDSSs visited, referrals took place within one to three days of the screening being completed. In 11 of 14 LDSSs visited, the client's appointment for follow-up services occurred within 21 days of the screening being completed.

Although referral patterns varied, 14 of 15 LDSSs visited had systems in place to remind clients of appointments and the same percent monitored TANF client compliance with scheduled appointments.

Assessment and Diagnosis

All LDSSs visited had qualified service providers performing assessment and diagnostic activities.

In 13 of 15 LDSSs visited, the clinician provided information to TANF HtS staff within 14 days of completing the assessment.

Clinicians typically provided TANF HtS staff with recommendations about interventions and services. In 11 of 15 LDSSs visited, clinicians were available to provide guidance to HtS staff when they were working with TANF clients with complex issues.

8 of 15 LDSSs visited reported having co-located clinicians; the remaining seven LDSSs were in the process of implementing co-location activities.

Service Provision

In all LDSSs, services were based on the TANF client's needs as identified through screening, assessment, and diagnostic activities.

11 of 14 LDSSs visited reported incorporating work into various aspects of the TANF clients' program.

Nearly all LDSSs visited reported monitoring TANF clients' participation and attendance in programs. Most had processes in place to address poor participation and/or slow progress.

The following report provides information about the site visit methodology, detailed findings in each of the six key areas, identification of TANF policy issues, and perceived technical assistance and resource needs. Further, areas needing improvement and exemplary TANF HtS project characteristics are highlighted at the end of the report.

INTRODUCTION

Virginia's welfare caseload has declined dramatically. In 1995, there were 68,483 Temporary Assistance for Needy Families (TANF) cases in the Commonwealth of Virginia.[3] In September 2002, TANF cases receiving payment numbered 29,786.[4] It is often argued that the caseload decline is a result of the "easiest to serve" exiting the TANF program, leaving a higher proportion of current TANF recipients facing multiple and severe barriers to employment. These TANF clients are often referred to as the "hard-to-serve" (HtS) population.

In August of 2000, DSS solicited proposals for diverse service approaches and strategies to move TANF clients from welfare to work. The solicitation was aptly titled *Virginia's Welfare Reform: Employment Strategies for the Hard-to-Serve*.[5] DSS encouraged local departments of social services (LDSSs) to partner with each other and with community-based service providers to pool resources and strengthen programs. The result of the solicitation was the awarding of approximately $7.6 million to projects involving 80 LDSSs for the implementation and delivery of services to HtS TANF clients. LDSSs were funded for a range of programs and services in areas including, but not limited to, assessment and case management, education, learning disability, substance abuse, mental health, domestic violence, transportation, child care, and job readiness training.

LDSSs receiving funding were required to participate in a year-long evaluation study conducted by the Center for Public Policy (CPP) at Virginia Commonwealth University (VCU). Throughout the course of the evaluation, primary and secondary data were collected relative to client's demographic characteristics, services received, and employment outcomes.

In addition, 15 site visits were conducted in selected LDSSs. The purpose of the site visits was to gain an in-depth understanding of how projects funded through Virginia's TANF HtS Initiative were being managed and operated within LDSSs. The visits focused on the implementation of

[3] Virginia Department of Social Services. VIEW Exemption Quarterly Report. July 1, 2001
[4] Virginia Department of Social Services. Virginia Independence Program Monthly Report. September 2002.
[5] Virginia's Welfare Reform: Employment Strategies for the Hard-to-Serve. RFP # BEN-01-001. Issue date: August 31, 2000.

the HtS project within agencies and the processes involved in serving TANF clients who have significant barriers to employment. Although information was sought about the incorporation of work into the TANF client's overall service plan, employment outcomes were not a focus during the site visits.

This document contains a summary of the site visit findings. Included is an overview of the site visit methodology; identification of themes that emerged across LDSSs in the areas of project leadership and structure, collaboration and partnerships, screening, referrals, assessment and diagnosis, and service provision; and a review of areas for improvement and exemplary program characteristics.

SITE VISIT METHODOLOGY

Site Visit Schedule

Site visits occurred during May and June of 2002 and lasted one to one-and-a-half days, depending on the scope and complexity of the TANF HtS project. During each of the site visits, the site visit team focused on six key areas:

Project leadership and structure,
Collaboration and partnerships,
Screening,
Referrals,
Assessment and diagnosis, and
Service provision.

Establishment of Site Visit Teams

In order to conduct the site visits, four teams of two researchers were formed. The teams were comprised of one doctorally-trained researcher and one research assistant with training in social work, psychology, sociology, or a similar field. Each team was responsible for completing three to four site visits over the course of approximately two months.

Prior to conducting a site visit, each team met with VDSS staff to discuss the HtS project that they were scheduled to visit. In addition, the LDSS's HtS RFP and final contract were reviewed. Further, available data from the TANF HtS evaluation were also reviewed.

Selection of Agencies

LDSSs participating in site visits were selected based, in part, on early implementation of their TANF HtS projects, the number of clients served during fiscal year 2002, use of innovative approaches to service delivery, and diverse client populations and geographic representation. Efforts were made to ensure that a range of program types were represented including mental health, substance abuse, learning disabilities, workplace supports, education, assessment, and case management. The selection also included projects focused on particular TANF sub-populations such as sanctioned clients and VIEW-exempt clients. The following agencies participated in site visits:

Arlington
Charlottesville
Fredericksburg
Harrisonburg/ Rockingham
Louisa
Newport News
Norfolk
Pulaski
Richmond City
Roanoke City
Russell
Spotsylvania
Staunton/ Augusta
Suffolk
Virginia Beach

Development of a Site Visit Booklet

To achieve consistency across the four site visit teams, VCU developed a site visit booklet that contained a series of standards in each of six key areas of interest. These included: project leadership and structure, collaboration and partnerships, screening, referrals, diagnosis and assessment, and service provision.[6] Standards were derived from a review of best practice literature, review of TANF policy and procedures, and discussions with VDSS staff. The site visit booklet also contained questions about TANF policy issues and LDSS needs in terms of technical assistance and resources. The site visit booklet can be found in Appendix 1.

[6] Even though VDSS had not set forth these standards as part of the measurement system for HtS projects and LDSSs did not have these standards until the site-visit planning, these measures matched up fairly well with the implementation and operation of the HtS programs.

Preparation for Site Visits

Prior to the site visit, VCU sent each LDSS a pre-site visit questionnaire, electronically. The questionnaire was completed by TANF HtS project staff. Answers to the questions provided the site visit team with general information about the LDSS' HtS project in the six key areas. The pre-site visit questionnaire can be found in Appendix 2

VCU set forth the general structure for the site visits as follows:

- Brief overview of the TANF HtS project
- Question and answer period with TANF HtS project staff and partners
- Four to six individual interviews with key TANF HtS project staff
- Wrap-up session with TANF HtS project leadership

In preparation for their site visit, each participating agency received a blank site-visit itinerary with accompanying instructions for completion. Each LDSS returned their itinerary prior to the actual site visit date. The site visit itinerary was then refined through dialogue between the site visit team and the LDSS. This assured that all topics would be covered and that all key players would, to the extent possible, be available for interviewing. The site-visit itinerary can be found in Appendix 3.

Use of Site Visit Booklet

During the site visit, each team member used a new booklet each time an interview or group discussion occurred. When interviewees or discussants were not knowledgeable about a particular section, the team skipped that section. At a few LDSSs, site visit team members had the opportunity to observe HtS project activities such as job readiness classes and computer training. Each site visit team member independently recorded participant comments and provided a rating for each standard.

Each standard was rated on a three point scale. A zero was given if the standard was not met, a one was given if the standard was partially met, and a two was given if the standard was fully met. Then, collaboratively, site visit team members reviewed their ratings and synthesized their findings into one comprehensive report.

When the VCU site visit team completed their report, it was sent to the LDSS for review. TANF HtS project staff were encouraged to comment on the report and to provide needed clarifications on content. The site visit team then reviewed the feedback and incorporated it into the report as appropriate. VCU compiled the findings into this summary document. Detailed, agency-specific reports are available on the CD -- 2003 VDSS Conference *Promising Practices for the Hard to Employ*.

SELECTED HARD-TO-SERVE (HtS) PROJECTS

Fifteen LDSSs were selected for site visit participation. Table 1 contains information about the types of programs in each project visited, whether the project was in existence prior to the TANF HtS Initiative or if it was a newly developed program as a result of the TANF HtS Initiative, LDSSs partners (if any), funding, allocations and expenditures, and employment information.

Table 1 - Characteristics of Participating LDSSs Hard-to-Serve Programs (FY2002)

LDSS and Program Type * Denotes pre-existing program.	***Partner LDSSs***	***Allocation to Lead Agency***	***Fiscal Expenditures by Lead Agency***	***Total Number of Clients Served by Lead Agency***	***Number of TANF clients in VCU's HtS Evaluation***	***Percent of HtS Study Participants with Employment***
Arlington Learning Disabilities (LD)* English Literacy	Alexandria	$118,121	$90,297	26	3	67% (n=2)
Charlottesville Substance Abuse and Mental Health	Albemarle	$90,150	$83,214	46	20	90% (n=18)
Fredericksburg Substance Abuse and Mental Illness	No partners	$167,091	$70,566	88	57	84% (n=48)
Harrisonburg/ Rockingham Workplace Supports and Education	No partners	$135,439	$94,041	165	122	71% (n=86)
Louisa Education	No partners	$80,729	$77,960	25	25	76% (n=19)
Newport News Substance Abuse and Mental Health	Gloucester, Hampton, James City, Williamsburg, York/ Poquoson	$246,587	$117,633	14	14	71% (n=10)
Norfolk Substance Abuse (SA) - Family Works Job Skills Training*	No partners	$663,440	$343,469	65	65	71% (n=46)
Pulaski Assessment Learning Disabilities Job Readiness Training	Giles, Floyd, Montgomery, Radford City	$134,961	$122,307	47	46	72% (n=33)
Richmond City Personal and Family/ Situational Barriers	No partners	$608,589	$74,238	205	96	18% (n=17) Note: Focused on exempt clients
Roanoke City Workplace Supports	Botetourt County, Roanoke County	$437,932	$154,476	42	42	71% (n=30)
Russell Learning Disabilities*						

LDSS and Program Type * Denotes pre-existing program.	*Partner LDSSs*	*Allocation to Lead Agency*	*Fiscal Expenditures by Lead Agency*	*Total Number of Clients Served by Lead Agency*	*Number of TANF clients in VCU's HtS Evaluation*	*Percent of HtS Study Participants with Employment*
Domestic Violence (DV) Mental Health (MH) Substance Abuse (SA) Workplace Readiness* Cars for Work*	Buchanan, Dickenson, Lee, Norton City, Scott, Tazewell, Wise	$287,752	$253,159	71	39	74% (n=29)
Spotsylvania Learning Disabilities Education and Job Readiness	No partners	$150,640	$139,145	74	67	64% (n=43)
Staunton/ Augusta Mental Illness (MH)* Substance Abuse (SA)* Transportation	Waynesboro	$215,498	$163,654	196	25	76% (n=19)
Suffolk Comprehensive Case Management* One-Stop Services*	No partners	$97,588	$91,393	63	34	56% (n=19)
Virginia Beach Assessment, Intervention and Direct Services	Portsmouth	$249,781	$101,403	71	50	75% (n=38)

STATUS OF 15 TANF HtS PROJECTS BY KEY STANDARDS

The following section highlights themes that emerged in the six key areas of inquiry: project leadership and structure, collaboration and partnerships, screening, referrals, assessment and diagnosis, and service provision. The standards for each area are provided and the number of LDSSs not meeting, partially meeting, and fully meeting each standard is indicated.[7]

Project Leadership and Structure

Project leadership and structure focused on the clarity of project goals and the sense of project direction; the clarity of staff roles and responsibilities; the existence of hard-to-serve project staff meetings for the purpose of program improvement; and clarity of client flow through the project and program linkages. Table 2 contains the project leadership and structure standards.

Table 2 - Project Leadership and Structure Standards

PROJECT LEADERSHIP AND STRUCTURE STANDARDS	***Not Met***	***Partially Met***	***Fully Met***
1. Leader sets clear goals for the project and provides clear direction to project staff both within the agency and in the community.			15
2. Staff members have clear roles and responsibilities with regard to the hard-to-serve project.		3	12
3. Hard-to-serve project team meets regularly and discusses programmatic issues and identifies areas requiring attention as well as areas of success.		2	13
4. Client flow through the hard-to-serve project, linkages between components, and linkages with community service providers is clear.		2	13

[7] VCU site visit teams, for the most part, avoided giving scores that were in the middle of not met and partially met or partially met and fully met. When this occurred (2 instances), or when two programs within an LDSS's TANF HtS project were scored differently (1 instance), the lower score was used in this report.

As can be seen from the preceding table, all project leadership and structure standards were either partially or fully implemented by the LDSSs visited. All TANF HtS projects had clear goals and HtS staff felt that they received clear direction from their project leadership. In most LDSSs, HtS project staff were clear as to what their roles and responsibilities were. One likely reason for the overall success across LDSSs in the area of project leadership and structure was the occurrence of regular meetings to discuss the TANF HtS project and identify successes and challenges in a timely fashion. The following section highlights different themes that emerged in the area of project leadership and structure.

The majority of LDSSs visited described a collaborative leadership style that involved shared decision-making by the lead LDSS, partner LDSSs (if applicable), and community-based service providers. Pulaski DSS described regular meetings with the leadership of their partner LDSSs, Floyd, Giles, Montgomery, and Radford City. Similarly, Russell DSS described regular meetings with their seven partner agencies in the Coalfield region of the state. Some LDSSs including Louisa DSS and Staunton / Augusta DSS established advisory boards that served to guide their HtS projects.

The roles and responsibilities of HtS project staff varied across LDSSs. The extent to which roles and responsibilities were clear depended on the following: the project's existence prior to receipt of HtS funds, the number of community-based and LDSS partners, the focus of the HtS project and the number of clients being served. Factors contributing to less clear roles and responsibilities for project staff included recent implementation of the project, greater number of LDSS partners and community-based service providers, greater number of programs within the project, and greater number of clients served. Russell County DSS and Harrisonburg / Rockingham DSS both have mature HtS projects. Within their projects, greater clarity existed with regard to staff roles and responsibilities than at LDSSs with newer HtS projects.

It was important that project staff working with TANF clients contributed to discussions about project implementation and refinement. Project leaders did meet frequently to discuss their HtS projects. However, few LDSSs reported having regularly scheduled meetings involving frontline TANF HtS project staff for the express purpose of discussing programmatic concerns and successes. More frequently, input from frontline HtS project staff was provided, informally, to supervisory personnel who then brought the issue(s) to meetings involving project leadership.

- Pulaski DSS and Russell County DSS were exceptions in this area. Both reported having meetings that involved front-line HtS project staff for purposes of reviewing specific aspects of the program such as intake and referral processes. For example, VIEW workers in the Pulaski DSS HtS project met regularly to discuss and refine their comprehensive assessment tool. Since the Coalfields region is geographically dispersed and travel time to and from localities can be lengthy, Russell has embraced the concept of "work groups" to move various aspects of the project forward. One example is the Assessment Task Force in which VIEW workers and other HtS project staff focused on the development and refinement of the Client Full Assessment Tool. Another example is the Cars to Work Task Force.

Seamless service delivery and smooth transitions for clients from one service or intervention to another is an important characteristic of effective social service programs. The nature of the movement of clients through the HtS projects varied among the LDSSs. Similar to the clarity in roles and responsibilities, the clarity of client flow also seemed dependent on the length of operation of the HtS project, the number of community-based and LDSS partners, the focus of the HtS project and the number of clients being served. As with roles and responsibilities, client flow was less clear in newly implemented HtS projects, in projects where there were a greater number of LDSS partners and community-based service providers involved, in projects with multiple programs, and in projects serving a greater number of TANF clients.

- Pulaski DSS was unique in that they established memorandums of understanding and contracts with their local service providers utilized in their HtS project. These

memorandums help with clients' transition through services because each HtS partner knew their roles and responsibilities in relationship to each other. Further, since the roles and responsibilities of project staff were well delineated, all project staff were held accountable for delivering the services that were outlined in the memoranda and contracts. TANF clients typically moved from eligibility or VIEW intake activities to community-based service providers for assessment and diagnostic activities, if appropriate. Assessment and diagnostic activities were used to identify substance abuse and mental health issues, learning disabilities, and physical disabilities.

Collaboration and Partnerships

This area focused on the extent to which the lead LDSS, partner LDSSs (if applicable), community-based service providers, and employers worked together to improve the quality and effectiveness of their TANF HtS projects and to increase employment opportunities for TANF clients.

As can be seen in Table 3, there were variations among LDSSs in the area of collaboration and partnerships. All LDSSs reported having regular meetings with service providers or moving toward regular meetings in the future. Of the ten lead LDSSs with partner LDSSs, eight reported collaborative activities between the lead and the partner agencies. In terms of collaboration and partnerships with employers, a lesser number of LDSSs had these standards fully implemented at the time of their site visit. The majority had either not met these standards or were still in the process of implementing activities related to these standards.

Table 3 - Partnership and Collaboration Standards

PARTNERSHIP AND COLLABORATION STANDARDS	***Not Met***	***Partially Met***	***Fully Met***
1. Agency has regular meetings with local service providers for purposes of discussing program coordination, collaboration, and quality of services.		7	8
2. Agency collaborates with other local DSS agencies for purposes of discussing program coordination, collaboration, and quality of services.*	1	1	8
3. Agency works to increase employment opportunities in their community through dialogue and interaction with employers.	1	3	11
4. Agency actively seeks input from local employers about the job skills necessary for different positions in their employment setting.	3	4	8
5. Agency actively seeks feedback from local employers about client performance once in the employment setting.**	5	3	6
6. Agency staff are available to local employers to address issues that arise during the client's transitional period.**	3	5	6
7. Agency has a system in place to regularly contact transitional clients to determine any unmet needs and to maximize the potential for job retention.	3	5	7

*Five LDSSs had no partner LDSSs.
**One LDSS that was visited focused on the exempt TANF population.

The following themes emerged in the area of collaboration and partnerships.

Ten of 15 lead LDSSs had partner LDSSs participating in their HtS project.[8] Eight of the 10 had coordinated interagency partnerships whereby LDSS staff from all partnering LDSS agencies worked collaboratively to develop, implement, and refine their HtS project. LDSSs that had coordinated, interagency partnerships included projects led by Pulaski DSS, Russell County DSS, Arlington DSS, Charlottesville DSS, and Virginia Beach DSS. These agencies reported regular meetings with leaders of partner LDSSs to discuss issues such as client flow, staffing, outcomes, and areas requiring improvement.

[8] This theme is specific to **partner LDSSs**. It should not be confused with partnering non-LDSS community-based service providers. All LDSSs had one or more community-based service providers involved in their project. However, this theme is specific to partnerships with other LDSS agencies.

Most LDSSs reported having processes in place to receive feedback and input from community-based service providers on the quality and effectiveness of their HtS project. This included providers that were identified as partners on the HtS project as well as non-partnering service providers. Typical processes included written and verbal responses to programmatic questions posed by TANF HtS project leaders.

The majority of LDSSs reported adhering to VIEW policy requirements for post-employment contact with TANF clients.[9] A few LDSSs had additional contact with TANF clients beyond that mandated by VIEW policy. These were Louisa DSS, Staunton/Augusta DSS, Harrisonburg / Rockingham (with Technical Associates of Rockingham County), and Fredericksburg DSS. These contacts were primarily informal in nature and took the form of phone calls, congratulatory cards at employment milestones, and following-up with clients or employers when they initiated contact with the LDSS.

LDSSs that successfully integrated employment into their HtS projects tended to have dedicated staff focused on developing job opportunities in the local community. Job developers assisted TANF clients with job search activities, updated current job opening listings, created internship opportunities, and developed subsidized and unsubsidized employment opportunities in the local community.

Staunton-Augusta and Charlottesville were exemplary with regard to making employment an integral part of their TANF HtS project. As part of their Family Outreach Program, Staunton-Augusta had case managers assist TANF clients with identifying job opportunities and filling out job applications. In addition, the case managers reported accompanying TANF clients on interviews and following up with both the client and the employer after a job was obtained. Charlottesville's job developer, among other things, attended the monthly Employer Network Meeting, job fairs, and employer roundtables. During these activities, employer contacts are made and information gathered about skills needed for clients to be successful.

[9] VIEW policy requires six contacts with the client during the first six months of their employment.

LDSSs that did market their HtS projects to local employers tended to do so through participation in local employment networks, attendance at Chamber of Commerce meetings, and informal visits to businesses.

Less than half of the LDSSs visited actively sought input from employers on skill sets that clients needed in order to be competitive for unsubsidized employment. Exceptions to this included Charlottesville DSS, Harrisonburg/Rockingham DSS, Arlington DSS, Suffolk, and Norfolk DSS (with Tidewater Community College's Job Skills Training Program). Most LDSSs indicated that employers were seeking employees with soft skills such as communication, good personal hygiene, anger management, and consistent work attendance. Furthermore, staff reported that employers typically prefer to train the employee in terms of job-specific skills.[10]

Screening

This area focused on consistency in screening clients, interactions with clients about the findings of their screening, staff training in the area of screening, and environmental privacy for screening activities. Table 4 contains the specific standards. Focus was placed primarily on screening activities occurring within the LDSS. Findings from the site visits suggest that initial screening activities within the LDSS typically involve the VIEW workers and, to some extent, eligibility staff. In some localities, contracted service providers co-located within the LDSS performed screening activities.

[10] Tidewater Community College, provider of the Job Skills Training Program for Norfolk DSS, reported one exception to this. They reported that employers typically tell them what skills they want employees to have. Then, the TCC trains clients through the Job Skills Training Program and the employer subsequently hires the trained employee.

Table 4 - Screening Standards

SCREENING STANDARDS	***Not Met***	***Partially Met***	***Fully Met***
1. All TANF clients receive the same level of screening.		2	13
2. Project staff who conduct screenings have received training within the past year.		1	14
3. Findings that result in referral are consistent from client to client.		7	8
4. Private environment available for screening and mechanisms in place to minimize client discomfort with disclosure of sensitive information (i.e., written disclosure).		5	10
5. Findings of screening explained to the client and available services discussed.			15

As can be seen from the preceding table, all screening standards were either partially or fully met by the LDSSs visited. Further, 14 of 15 LDSSs visited had staff that received training in various aspects of client screening within the preceding year. Only about one-half of the LDSSs were found to have consistent criteria for referrals for further assessment, diagnosis, or service. Finally, all LDSSs reported discussing the screening findings and potential service options with the TANF client. Several different themes emerged in the area of screening related to timing and use of screening tools, utilization of a comprehensive assessment process combined with screening tools, use of specialized clinicians, review and follow-up with clients, and training.

Highlights on screening related to timing and use of screening tools include the following:

There were variations among LDSSs in terms of when screening activities occurred. In some LDSSs screening occurred at the time of TANF eligibility determination. At other agencies, screening occurred once the TANF client's status as VIEW or VIEW-exempt was determined. For example, at Richmond City DSS, screening was done once eligibility staff determined that the client was exempt from VIEW participation. Eligibility workers at Fredericksburg DSS reported screening all TANF clients and then making referrals based on their findings. Pulaski DSS and Russell DSS reported conducting their comprehensive screening activities only with TANF clients determined to be eligible for VIEW.

The majority of LDSSs reported using a combination of the *VIEW Assessment Form* and an "in-house" screening tool to identify potential barriers to employment. In-house screening tools tended to consist of a combination of open-ended and closed-ended questions. LDSS staff acknowledged that the open-ended questions could lead to variations in how readily potential barriers to employment were identified; however, relying only on close-ended questions did not offer the TANF client an ability to elaborate on their issues. A combination of closed and open-ended question was the preferred method of screening.

In Charlottesville, inconsistency in referrals for its HtS project led the MH/SA clinician, with VIEW worker input, to develop a *VIEW Barrier Screening Tool* that served to trigger mandatory referrals for a MH/SA assessment. This approach allowed the MH/SA assessment to be included as a requirement in the VIEW Activities and Service Plan, making non-compliance a sanctionable offense. As a result, referrals and client follow-through on MH/SA assessment increased.

There were LDSSs that reported the use of instruments appropriate for their funded HtS programs. Positive results on the screening often led to referrals for diagnostic work to confirm the condition and its severity and identify appropriate treatment and employment strategies.

Five LDSSs reported using the Washington Instrument, sometimes by itself or within a larger assessment tool. For example, Arlington DSS and Spotsylvania DSS received funding for learning disability projects and each reported using the Washington Instrument as a screening tool. Pulaski DSS incorporated the Washington Instrument within its comprehensive assessment.

Some LDSSs focused on substance abuse intervention used the CAGE (a short test for alcoholism), with the clinician using the Substance Abuse Subtle Screening Inventory (SASSI) to complete the screening process.

A number of localities reported using the Test of Adult Basic Education (TABE) to determine functional educational level.

Non-English speaking individuals present a special challenge in the screening and assessment processes. Many tools such as the Washington Instrument for learning disabilities have been designed and tested on the English-speaking population, and there is no equivalent tool for the non-English speaking groups. In fact, Arlington County had to devise alternate methods to identify learning disabilities in its non-English speaking population.

The majority of LDSS HtS project staff conducted screening activities in private offices. Those conducting screening activities in a semi-private cubicles or shared offices indicated that they had a private room available if sensitive topics needed to be explored.

Highlights on the utilization of comprehensive assessment tools in combination with screening tools include the following:

Some TANF HtS projects went well beyond basic screening and used a comprehensive assessment process that addressed educational level, work history, and family functioning, as well as other barriers such as domestic violence, learning disability and mental health. With the support of licensed social workers, the Russell and Virginia Beach HtS projects used the social work process to assess the strengths and needs of individuals.

Pulaski DSS and its partner LDSSs used a comprehensive client assessment tool that screened for a range of barriers. Importantly, criteria for referral had been identified. This ensured consistency in referrals among VIEW workers across all LDSSs participating in the HtS project.

Highlights on screening related to the use of specialized clinicians include the following:

Six TANF HtS projects (Charlottesville, Fredericksburg, Staunton-Augusta, Virginia Beach, Russell and Newport News) utilized licensed or certified clinicians (i.e., licensed clinical social workers, certified substance abuse counselors, etc.) in their screening of TANF clients for substance abuse, mental health and/or domestic violence issues. When results were positive, some clinicians engaged the clients in treatment and others arranged for the client to receive services from community services boards or other community-based organizations.

The five HtS projects (Arlington, Pulaski, Russell, Spotsylvania and Suffolk) that used the Washington Instrument for learning disabilities purchased the services of psychologists to evaluate individuals with a potential learning disability. HtS project staff reported that diagnostic evaluations were invaluable in confirming the presence of a learning disability and other conditions such as mental retardation, cognitive problems, and mental health issues that are important to consider in the development of the VIEW Activities and Services Plan and/or to use in helping the client seek Social Security Supplemental Income.

Highlights on screening related to reviews and follow-up work with clients include the following:

The majority of LDSSs reported having a system in place whereby supervisory staff (or peer staff) reviewed intake and screening documents across VIEW workers to ensure consistency with referrals and service planning.

All TANF HtS project staff responsible for client screening described processes whereby they reviewed their findings with the client and then, jointly, developed a VIEW Activity and Service Plan based on identified needs. Part of the Activity and Services Plan included referrals to community-based service providers for further assessment and diagnosis, if applicable.

Highlights on screening related to training:

Training varied significantly among staff in the fifteen LDSSs visited. Virginia's DSS funded the Virginia Institute for Social Services Training Activities (VISSTA) to provide a series of training events on many topics; other state agencies and organizations were also involved in these events. LDDS staff frequently referenced VISSTA as a source of training for their HtS project. HtS projects focused on learning disabilities and using the Bridges to Practice model reported receiving specific training on this model. Other sources of training included in-service workshops within the LDSS, state VIEW training, on-the-job training by peers and experienced diagnosticians, and attendance at state, regional, and national conferences on topics including, but not limited to, substance abuse and disabilities.

Charlottesville DSS has implemented a monthly professional development series that helps address the educational needs of staff. Department of Rehabilitative Services staff and other community experts discuss topics such as personality disorders, anxiety disorders and phobias, motivational issues and strategies, and abuse issues (sexual and physical). Although not directly focused on programmatic issues, these meetings do serve to address voids in knowledge among staff. This, in turn, strengthens the HtS project since it is focused heavily on the identification and treatment of mental health and substance abuse issues.

Referrals

This area focused on familiarity with community-based service providers, timeliness of referrals and subsequent appointments, and strategies to enhance client compliance with appointments. The primary focus was on referrals for assessment and diagnostic activities. Table 5 contains the referral standards.

Table5 - Referral Standards

REFERRAL STANDARDS	***Not Met***	***Partially Met***	***Fully Met***
1. Project staff familiar with service providers in the community.		1	14
2. Findings of screening shared with service provider.		7	8
3. Project staff assist clients with arranging appointments, childcare and transportation in order to maximize client follow-through.			15
4. Service provider's proximity to client's residence considered in referral process.		4	11
5. Referrals take place within one week of completing initial screening.			15
6. Clients wait no longer than 21 days for appointment.		4	11
7. Strategies in place to remind client of upcoming appointments.		1	14
8. Project staff monitors client's compliance with scheduled appointments.		1	14

As can be seen from the preceding table, all LDSSs had partially or fully implemented all standards related to referrals. In 14 of 15 LDSSs visited, HtS project staff had good awareness of service providers available in the community. In all LDSSs, HtS project staff assisted clients in ways that allowed them to follow through with scheduled appointments. In 14 of 15 LDSSs visited, HtS staff had strategies in place to remind clients of appointments and to monitor their compliance with appointments. One standard in the area of referrals that needs particular attention is that related to information sharing. Only 8 of 15 LDSSs visited were found to have fully met the standard related to the sharing of screening findings with service providers in the community. The following section highlights different themes that emerged in the area of referrals.

All LDSSs reported having access to a reference document listing community-based service providers. Responsibility for updating the document and ensuring its accuracy varied among LDSSs; some managed updates internally while others relied on external entities such as the United Way to update reference documents. HtS project staff also reported using their local, community-based service providers as good sources of information when trying to identify resources for clients.

All LDSSs reported referring clients to local service providers on the same day of their initial assessment or within three days thereafter. Appointments with external, community-based service providers tended to be available within two weeks of the referral. LDSS projects with on-site clinicians, such as Virginia Beach, could arrange services for clients sooner. In geographically dispersed areas and in areas with limited transportation, clients sometimes had to wait longer than two weeks for services such as learning disability diagnosis and mental health counseling.

LDSSs with co-located service providers reported high levels of compliance among TANF clients, increased timeliness of service provision, and enhanced communication among HtS project staff. The "one-stop" philosophy is one approach to making key service providers available to TANF clients while they are at the LDSS. Suffolk DSS has a well-functioning, locally-based, one-stop center. Other LDSSs with at least some co-located service providers included Pulaski DSS, Russell DSS, Arlington DSS, Fredericksburg DSS, Charlottesville DSS, and Staunton-Augusta DSS.

HtS projects with an intensive case manager had streamlined referral processes and made greater utilization of other agencies' services. Suffolk's case manager matched the clients' needs with community services and then expedited the clients' access to services. With the receipt of relevant client information from the case manager, the providers were able to reduce their intake process and offer more immediate services. Other LDSSs with intensive case managers were Staunton/Augusta (under the auspices of the community services board), Harrisonburg/Rockingham (under a private employment organization), and Spotsylvania (under the auspices of Adult Education).

Documentation of findings from screening activities was rarely shared between the LDSS and other service providers working with the client. Information-sharing that did occur was often done informally and was usually verbal in nature. In all TANF HtS projects, there was some degree of redundancy in screening for barriers among those conducting screening activities, those conducting diagnostic assessments, and those providing services to the client.

- All LDSSs viewed ongoing client monitoring as important given the evolving nature of barriers and the TANF clients reluctance to initially disclose information about sensitive issues. Essentially, in all LDSSs, ongoing client monitoring was done by more than one person involved in the HtS project. As with the initial screening, written documentation was rarely shared among HtS project staff. Rather, the sharing of information resulting from ongoing client monitoring was often done informally through verbal mechanisms.

LDSSs tended to vary the ways in which they reminded clients of upcoming appointments based on the client's past history and the HtS project staff's opinion about the client's likelihood of compliance. Clients that had a history of non-compliance with appointments were often called and then transported, by HtS project staff, to their appointment. Clients with high likelihoods of complying tended to receive phone calls or postcard reminders a few days prior to their appointment with transportation arranged, but not necessarily provided, by HtS project staff. [11]

Assessment and Diagnosis

This area focused on the alignment of support services to allow client participation in assessment and diagnostic activities, the time it takes for the service provider to provide information to HtS project staff working with the client, the extent to which recommendations are made to HtS project staff about working with the client, re-assessment activities, and the extent of co-location. Table 6 contains the assessment and diagnosis standards.

[11] Decisions about providing transportation as a way to enhance client compliance with appointment were also influenced by the TANF clients' area of residence. In rural areas, there was greater reliance on HtS project staff due to a lack of public transportation alternatives.

Table 6 - Assessment and Diagnosis Standards

ASSESSMENT AND DIAGNOSIS STANDARDS	***Not Met***	***Partially Met***	***Fully Met***
1. Providers possess appropriate training to assess and diagnose clients.			15
2. Information provided to project staff within 14 days of completing assessment.		2	13
3. Recommendations made to project staff with regard to appropriate interventions and services.		2	13
4. Project staff provided with guidance when working with clients with complex issues.		4	11
5. Providers and project staff have a plan in place to assist client with arranging necessary follow-up services.			15
6. Providers co-located so that assessment and diagnostic services are immediately available to the client when potential barriers are identified.	1	6	8
7. Procedures are in place to conduct reassessments as needed.		4	11

As can be seen from the preceding table, all except one assessment and diagnosis standard were either partially or fully implemented by the LDSSs visited. All LDSSs had qualified service providers carrying out their assessment and diagnostic activities. Nearly all of the LDSSs received information from the clinician within 14 days of the completion of the assessment and most LDSSs reported receiving recommendations related to interventions and services. Eight of 15 LDSSs visited had co-located clinicians. The remaining LDSSs either had no plans for co-location (n=1) or were in the process of implementing activities that would lead to clinician co-location (n=6). Finally, all LDSSs had plans in place to help arrange follow-up services for the client and 11 of 15 had processes in place for re-assessments, as needed. The following section highlights different themes that emerged in the area of assessment and diagnosis.

In the majority of LDSS sites visited, at the time of the client's initial eligibility and/or VIEW assessment, TANF HtS project staff arranged child care and transportation for the client so he/she could attend his/her appointment(s) for further assessment and diagnosis.

HtS projects used many diverse professionals for the assessment process and diagnostic work that included psychologists, vocational evaluators, health professionals, educators and others depending on the client situation.

- In six projects, an on-site clinician took immediate referrals for screening and assessment and/or consultation. Virginia Beach DSS and their partner, Portsmouth DSS, employed a clinician to provide this service at the LDSS. Charlottesville's community services board provided a full-time clinician for the agency and another for their LDSS partner, Albemarle; Fredericksburg DSS and Staunton / Augusta DSS received the same support. Newport News' full-time clinician from the community services board was located at a regional employment services center, while the clinicians for the Russell project received referrals at local health clinics.

- As part of its comprehensive assessment process, Pulaski contracted with multiple providers and specialists, including a psychologist at the community services board, to perform any indicated diagnostic evaluations. The other four projects with learning disability initiatives also made extensive use of psychologists who determined the presence of type of disability, but also other conditions such as (mild) mental retardation, mental health issues, and Attention Deficit/ Hyperactivity Disorder. The Russell DSS project has also used health professionals for assessment and diagnostic activities.

- In Norfolk, Harrisonburg/Rockingham, Louisa, and Spotsylvania, the project leaders were education professionals who incorporated diverse tools for measuring the educational level and skills of TANF clients. The results of these tests guided the development of the Activity and Services Plan and the client's activities in the program.

The majority of TANF HtS projects reported that their community-based diagnosticians provided reports within seven to 14 days of the completion of the client's assessment and diagnostic activities. Reports typically contained the diagnostician's general findings along with his or her recommendations for interventions. Some LDSS staff reported a need for diagnosticians to simplify their report content so that the information shared can be more readily incorporated into the client's Activity and Services Plan. Other staff appreciated the in-depth insight that clinicians provide regarding a client's barriers.

The majority of LDSSs reported that it took a prolonged period of time for the Department of Rehabilitative Services (DRS) to determine if a client was eligible for DRS services. Since client-centered interventions are dependent on a thorough understanding of the client's issues, these delays made adherence to VIEW timelines difficult.

- Since community-based service providers were often interacting with the client daily or weekly, LDSS VIEW workers and HtS project staff often relied on them to identify clients in need of assessments and/or re-assessments for barriers to employment. [12] If a need was identified by a community-based service provider, the VIEW worker or, in some HtS projects, the client's case manager was alerted and an appointment and necessary support services (i.e., transportation and child care) were arranged.

- LDSSs varied in the extent to which they incorporated the concept of co-location into their HtS project. Despite challenges related to physical space, all LDSSs voiced support for co-location. Agencies able to co-locate clinicians and/or service providers tended to report decreased incidence of "no shows" and non-compliance and more timely completion of assessment activities and improved participation in services and interventions. LDSSs with one or more co-located service providers included the following: Arlington, Charlottesville, Fredericksburg, Newport News, Pulaski, Richmond City, Russell, Spotsylvania, Staunton/ Augusta, Suffolk, Virginia Beach.

[12] Community-based service providers include those whose services were funded as part of the TANF HtS project, as well as those providing services independent of the HtS project.

Service Provision

This area focused on the alignment of services with the client's needs, schedule management to maximize participation and compliance, incorporation of work, and processes to address poor attendance and/or slow progress. Table 7 contains the service provision standards.

Table 7 - Service Provision Standards

SERVICE PROVISION STANDARDS	***Not Met***	***Partially Met***	***Fully Met***
1. Services are based on client needs as identified through screening, assessment, and diagnostic activities.			15
2. Project staff assist clients with managing their schedule in ways that allow them to participate in services (including child care and transportation).		1	14
3. Work and work-related activities are incorporated into various aspects of the client's program.		4	11
4. Processes in place to address poor attendance.		1	14
5. Client's progress is monitored while in services.		4	11
6. Processes in place to address lower than expected progress.		2	13
7. Processes in place so that client has smooth transition from one service to the next.		6	9
8. Strategies in place to encourage client participation.			15

As can be seen from the preceding table, all service provision standards were either partially or fully implemented by the LDSSs visited. All LDSSs had a client-centered approach whereby services were aligned with identified client needs. In addition, the majority of LDSSs had mechanisms in place to help the client participate maximally in services and to monitor their progress once in services. In terms of transitioning from service to service, nine of 15 LDSSs visited were found to have a "seamless" system in place at the time of their site visit. The remaining six were in the process of developing programmatic features that allowed smoother transition for clients from service to service. Several different themes emerged in the area of service provision related to services delivered and case management, integration with work and/or work preparation activities, and reviewing client progress.

Highlights on service provision related to services delivered and case management include the following:

The majority of LDSSs visited based decisions regarding service provision on findings from the client's screening and recommendations from clinicians providing diagnostic services. Some LDSSs reported generating automatic referrals for certain services regardless of the client's profile. Examples include referral to job readiness class in Russell County DSS, Pulaski DSS, and Suffolk DSS.

Most LDSSs provided and/or arranged for services that focused on treatment and interventions to reduce barriers such as mental health issues, substance abuse, and domestic violence. Further, most reported efforts to accommodate clients with learning disabilities. Some HtS projects funded service providers; some provided the full array of services from assessment through treatment/service interventions.

SOC, an employment service organization in Arlington, did vocational assessments, offered a wide-array of specialized employment services and coordinated services from other entities.

Virginia Beach's LDSS clinician provided screening, assessments and treatment.

In some instances, specialized HtS project staff did the assessments only and then referred the client to their community services board for treatment. This was the case at Fredericksburg DSS.

Many HtS projects included intensive case managers as part of their program and regarded them as critical to project success. Generally, the case managers handled and coordinated the multiple services required by clients. This included following up with the client to facilitate appointment compliance, consultation with service providers and LDSS VIEW staff, and the provision of crisis or emergency services as needed to maintain the clients participation in the program.

Suffolk's HtS project employed an intensive case manager to help clients avail themselves of the wide array of services in the agency's "one-stop" Career and Resource Center.

Staunton-Augusta's HtS project included both a clinician and two case managers from the community services board, all co-located within social services.

Richmond City DSS and Roanoke City DSS had unique HtS projects that focused on serving exempt TANF clients and sanctioned TANF clients, respectively. Exempt and sanctioned clients posed challenges because they were either not required to participate in activities (exempt status) or were not complying with the VIEW activities to which they have been assigned (sanctioned status). Project staff at both Richmond City DSS and Roanoke City DSS stressed the importance of intensive case management in motivating clients to participate and to enable participation by quickly identifying and addressing barriers as they occur. In both cases, in Richmond City and in Roanoke City, the focus was on barrier reduction and intensive one-on-one client contact to enhance participation and facilitate future success.

In Richmond City, HtS project staff referred clients to a wide array of services and the case managers worked closely with the clients to facilitate compliance and participation.

The Roanoke City HtS project contracted with the Total Action Against Poverty's (TAP) Center for Employment and Training (CET) to locate and work with clients who had been sanctioned for more than three months.

Highlights on service provision related to the projects' integration of services with work and/or work preparation activities include the following:

LDSSs consistently identified employment as the end-goal of their TANF HtS project. Some LDSSs such as Norfolk, Russell, Charlottesville, and Harrisonburg/ Rockingham actively incorporated work into essentially all aspects of their hard-to-serve projects. However, most HtS projects focused sequentially on pre-employment barrier reduction followed by client engagement in employment-focused activities.

Since 1997, Norfolk DSS has partnered with Tidewater Community College (TCC) for the provision of job training and job placement services. The HTS grant was used to fund operations and to expand services to include VIEW clients who had difficulty finding employment. TANF funds paid for 12 weeks of job readiness training for VIEW clients through the TCC program. Norfolk DSS and TCC utilize a comprehensive approach to provide job-specific skills, training and guaranteed employment for individuals with multiple barriers to employment. Additional key features of the job training and job placement services included client exposure to intensive counseling, ongoing substance abuse (SA) treatment (when necessary), job internships, workforce readiness training, and on-the-job follow-up counseling. TCC employed a job developer ("employment supervisor") who recruited employers to guarantee jobs to JSTP graduates in exchange for qualified candidates who received training specific to that employers needs. As a result, upon graduation, it was hoped that clients would be placed into permanent, fulltime jobs with guaranteed benefits along with the opportunity for career advancement.

Many LDSSs concurrently enrolled the client in job search activities and/or job readiness training during his/her receipt of services aimed at specific employment barriers (i.e., substance abuse counseling, mental health services, etc.). Many HtS projects used the Workplace Essential Skills curriculum (video and internet-based bought by Virginia) to offer more comprehensive and structured job readiness training and, in some cases, to improve the educational level of TANF clients.

Pulaski DSS established a two-week job readiness program led by the community college system.

Harrisonburg/Rockingham DSS referred TANF clients to the Technical Associates of Rockingham County (TARC) where they were then placed in pre-employment activities like job search, work essential skills training and orientation to the work culture. Clients spent about 10 hours per week on job readiness activities and 20 hours per week on job search. Once employed, a comprehensive support system was put into place to help the VIEW client retain and advance in his/her job.

Spotsylvania DSS operated a six-week program running 27 or more hours each week, Monday through Friday. The program covered basic education, GED preparation, computer skills training, and job preparation. While highly structured, it also permitted individuals to work at a pace that was consistent with their skills and abilities. Needed diagnostic and treatment interventions were integrated during the six weeks, including accommodations for learning disabilities and other disabilities. In the context of addressing education and work issues, clients revealed other needs that were subsequently addressed by project staff and partners. Many clients advanced their educational level by obtaining a GED or the basic skills required for work. After getting a GED, some enrolled in the community college system and secured employment.

Louisa DSS also offered a structured educational program and, at the time of the site visit, was implementing internship programs for TANF clients.

Highlights on service provision related to the review of clients' progress include the following:

LDSSs reported using a variety of methods to determine if clients were making progress in their programs. Informal review of day-to-day progress included subjective client reports, reviewing homework sheets, and monitoring success during participation in services. Louisa DSS and Spotsylvania DSS were the only projects that reported testing client's before and after interventions to determine if positive gains were made, probably due to the nature of the project. In Louisa's HtS project, clients completed the Test of Adult Basic Education (TABE) locater and battery, general educational development (GED) practice tests, and the Wide Range Achievement Test (WRAT) at the beginning of the job readiness classes and then again at the end of the classes.

All LDSSs reported reviewing client cases during regularly scheduled team meetings. During the meetings, the client's progress was reviewed and his/her readiness for or participation in employment discussed. LDSSs reported that slow progress or non-compliance was often the result of a hidden barrier that was interfering with the client's ability to participate fully.

In cases of non-compliance, most LDSSs described a process whereby the team scheduled a meeting with the client. In some agencies, meetings included the VIEW worker and LDSS-based HtS project staff. In other agencies like Charlottesville DSS, meetings often included community-based service providers like local employment service organization (ESO) staff. In some cases, if the client was not willing to participate in a meeting at DSS, the team or a team member would attempt to meet the client at his/her home. This latter strategy was used frequently at Newport News DSS and Staunton/Augusta DSS. During the meeting, the client's progress was reviewed and efforts were made to alter the service plan so that emerging barriers could be addressed and their participation improved. Most LDSSs reported that slow progress often resulted in the client's need to repeat a service intervention. If the client was in VIEW, repeated episodes of non-compliance would result in a sanction.

AREAS FOR IMPROVEMENT AND EXEMPLARY PROGRAM CHARACTERISTICS

The site visits yielded valuable information about the day-to-day activities occurring within LDSSs with projects funded through Virginia's TANF Hard-to-Serve initiative. Many of the emerging themes were consistent across the LDSSs visited and across regions. Some findings point to the need for program improvement. Other findings reflect exemplary performance in specific areas by certain agencies.

Areas for Improvement

Many LDSSs visited were found to have fully implemented many standards across a range of areas including screening, referrals, assessment and diagnosis, and service provision. In reviewing standards that were partially met or not met by a number of LDSSs, areas for programmatic improvement can be identified. LDSSs should focus on the following areas as they strive to improve and refine their HtS projects.

1. Within LDSSs, there is not always consistency in the referrals that are made for assessment and diagnostics activities or service provision. That is, clients that present with similar screening findings may have different courses of treatment and services.

2. Although TANF HtS project leadership within LDSSs met regularly to discuss programmatic successes and challenges, these meetings often did not include frontline HtS project staff (i.e., VIEW workers, service providers, etc). In order to gain experiential information from those providing the services, LDSSs may benefit from exploring opportunities for frontline staff to participate in HtS meetings focused on programmatic issues.

3. There is limited sharing of information between LDSSs and community-based service providers. Currently, there is redundancy in written documentation. Client information that is shared is often done informally through verbal mechanisms.

4. LDSSs should examine how TANF clients in their HtS project transfer into and out of programs. In some cases, the transition between services was unclear.

5. Efforts should be made to strengthen the connection between TANF HtS projects and the employment community. Currently, projects are focused on barrier reduction followed by employment. Some success has been realized by LDSSs utilizing an integrated approach that addresses, simultaneously, barrier reduction and employment. Given the current "work-first" climate, this area is deserving of attention.

6. LDSSs should consider how best to provide ongoing supports to clients during their transitional period in order to promote job retention and job advancement. This may require LDSSs to work more closely with local employers so that TANF clients perceive that both entities have a vested interest in their success.

Exemplary Program Characteristics

Essentially all LDSSs that were visited had aspects of their program that were exemplary. In some cases, LDSSs implemented novel programs or programs that were complex in nature with particular emphasis on collaboration with LDSS partners and community-based service providers. In other cases, LDSSs successfully implemented programs addressing the needs of the hardest-to-serve HtS TANF clients. The following are some highlights of exemplary programmatic features.

- Russell County DSS and Pulaski DSS placed strong emphasis on comprehensive assessments for all VIEW clients. At both locations, VIEW workers and HtS project staff were involved in the development and refinement of the comprehensive assessment instruments.

    - Russell County DSS, as part of the comprehensive assessment process, had TANF clients fill out a family tree. HtS project staff use the family tree as a basis for discussions about potentially sensitive issues such as familial relationships, violence in the home, and child custody.

    - Pulaski DSS had established criteria for referrals based on findings of the comprehensive assessment. This promoted consistency in referrals across all LDSSs participating in the Pulaski-led project.

- Richmond City DSS was exemplary in their efforts to work with VIEW-exempt clients. Their Giving Opportunities to Achieve Lifelong Self-Sufficiency (GOALS) program was characterized by an in-depth assessment of the TANF client followed by placement in educational and/or vocational components while the client concurrently received intensive, ongoing case management. Educational and vocational components included, but were not limited to, GED/ABE class, computer literacy, life skills training, community college

programs, job shadowing and job skills training so that clients were prepared for their eventual entry into VIEW and into the workplace.

- Roanoke City DSS was exemplary in their efforts to work with sanctioned TANF clients. The Roanoke City Department of Social Services (RDSS) contracted with Total Action against Poverty's Center for Employment and Training (CET) to locate and work with sanctioned TANF clients. Counselors located clients and worked with them to address the root cause of their failure to comply with VIEW requirements. A needs assessment was completed and an action plan developed for each client. The action plan included activities to remove the client's sanction, necessary support services and the steps necessary to secure employment. Through the resources of the CET, the client could receive, as appropriate, job readiness training, technical training, and subsidized employment opportunities. Assistance was also provided with job search and job placement.

- Norfolk DSS partnered with Tidewater Community College (TCC) for the provision of job training and job placement services, and Harrisonburg/ Rockingham DSS partnered with Technical Associates of Rockingham County (TARC) to make employment the key focus of their HtS projects.

- Pulaski DSS created Memorandums of Understanding (MOUs) with local community-based service providers. The MOUs detailed roles, responsibilities, and financial arrangements. The use of MOUs helped stress the importance of accountability with regard to service provision.

- Charlottesville DSS proactively sought ways to enhance referrals to their mental health / substance clinician. Charlottesville DSS implemented a monthly professional development series that addressed the educational needs of staff. Topics that were discussed included

personality disorders, anxiety disorders and phobias, motivational issues and strategies, and abuse issues (sexual and physical). This helped address voids in knowledge among staff. This, in turn, strengthened the HtS since it is focused heavily on the identification and treatment of MH and SA issues.

- Spotsylvania DSS implemented a structured intensive six-week program using the Workplace Essential Skills that emphasized employment preparation and enhancement of educational skills, including attainment of the GED. Project staff administered pre- and post-tests to clients in their education program. They are one of the few LDSSs making efforts to objectively assess change as a result of programmatic interventions.

- Louisa DSS contracted with Louisa TEAMWORKS to provide services for TANF clients. This partnership was unique in that the TANF client, once referred to Louisa TEAMWORKS, had essentially all subsequent services arranged and/or provided through Louisa TEAMWORKS. Louisa DSS received periodic client status reports from Louisa TEAMWORKS, but the actual involvement of Louisa DSS's staff in the client's case was minimal after the point of referral. Traditionally, active involvement of both DSS and their contractors has been deemed necessary. Louisa's successful program suggests a different, albeit successful, approach to collaboration.

- Suffolk DSS, through their "one-stop" Career and Resource Center, offered TANF clients immediate services. The Career and Resource Center, in collaboration with its partners, offered Adult Basic Education, job search training and assistance, resume assistance, job readiness skills and counseling. It also provided general advice about housing, budgeting, transportation, and food and nutrition, and opportunities for higher education. A computer laboratory with several computers was available to clients who were using the Internet for job search activities. The TANF client's ability to capitalize on Career and Resource Center offerings was facilitated by a comprehensive case manager funded through the TANF HtS initiative.

- Staunton-Augusta's Family Outreach Program (FOP) provided TANF clients with access to a co-located mental health professional that conducted immediate assessment and diagnostics activities. The VIEW workers and the FOP staff worked closely to ensure that services were coordinated. An intensive case management approach was utilized to maximize client participation and to address barriers that revealed themselves during the course of program participation.

- As part of their Bridges to Practice initiative, Arlington DSS, in partnership with the Arlington Employment Center, provided literacy training for TANF clients for whom English was a second language. This is of particular importance since research on the validity of screening and diagnostic tools for English-deficient individuals with learning disabilities is very limited.

- Norfolk DSS's Family Works program worked with children who were at risk of using or were actively using / abusing alcohol or drugs. A substance-abusing child is a major barrier to employment for a parent and his/her behavior interferes with the family's self-sufficiency. Family Works addressed this issue by working both with the child and the mother. The child received counseling and, as appropriate, substance abuse treatment. The mother and child also received joint counseling. In cases where the mother had a substance abuse issue as well, she was referred to the local VIEW-LINK project for treatment.

CONCLUSION

In conclusion, these different initiatives, highlighted throughout the document, have enhanced assessment and service delivery in diverse ways for many TANF clients. Some LDSSs and their partners also created new education and job readiness programs with a high level of structure that involved clients almost full-time from two to eight weeks. Other programs focused on some populations previously not served: TANF's VIEW-Exempt and individuals sanctioned in VIEW.

In many projects, assessment became a more comprehensive process that included the use of many screening tools and involvement of licensed social workers, clinicians, and psychologists. Some specialized professionals provided an initial broad assessment for the VIEW population, while others did this for individuals who appeared to have possible issues like mental health. Diagnostic evaluations of psychologists identified specific disabilities, indicated strengths for employment, and provided documentation for employment and educational accommodations. Site visits indicated that more improvements are needed statewide to obtain greater consistency in the assessment process, use of diagnostic services, and the follow-up services, as well as information-sharing across agencies.

Service delivery enhancements provided a much wider array of services, often beyond a project focus, that could more effectively respond to the TANF clients' complex and multiple issues. Typically, community partners collaborated closely in case planning and provision of services. Many projects also provided intensive case management to engage and support participation in treatment, services, employment preparation activities, and work. Some areas to be examined further are the TANF clients' transition to and integration of different services, more ongoing support during the transitional period to support job retention and advancement, and closer linkage with the employment community.

APPENDIX 1

TANF HARD-TO-SERVE EVALUATION

SITE VISIT BOOKLET

Agency: [preformat]

Name(s): _____

Role(s) / Title(s): _____

Date: ___ ___ / ___ ___ / 2002

I. PROJECT LEADERSHIP AND STRUCTURE

- This section pertains to the hard-to-serve project as a whole. *DO NOT FOCUS ON THIS SECTION WHEN MEETING WITH THE LARGE GROUP / INDIVIDUALS / PAIRS.* Rather, complete this based on the sense that you get throughout the day.

PROJECT LEADERSHIP AND STRUCTURE STANDARDS	***SCORE***			***COMMENTS***
	0	***1***	***2***	
1. Leader sets clear goals for the project and provides clear direction to project staff both within the agency and in the community.				
2. Staff members have clear roles and responsibilities with regard to the hard-to-serve project.				
3. Hard-to-serve project team meets regularly and discusses programmatic issues and identifies areas requiring attention as well as areas of success.				
4. Client flow through the hard-to-serve project, linkages between components, and linkages with community service providers is clear.				

Use this area to sketch a diagram of client flow through the hard-to-serve project and how the project links with other services available through the local agency. Information provided prior to the site visit may help with this activity.

Additional comments – including variations by component:

II. COLLABORATION AND PARTNERSHIPS

- This section pertains to the hard-to-serve project as a whole. *COMPLETE THIS SECTION DURING THE PRESENTATION AND LARGE GROUP DISCUSSION AT THE START OF THE DAY.*

PARTNERSHIP AND COLLABORATION STANDARDS	***STATUS***			***COMMENTS***
	0	***1***	***2***	
1. Agency has regular meetings with local service providers for purposes of discussing program coordination, collaboration, and quality of services.				
2. Agency collaborates with other local DSS agencies for purposes of discussing program coordination, collaboration, and quality of services.				
3. Agency works to increase employment opportunities in their community through dialogue and interaction with employers.				
4. Agency actively seeks input from local employers about the job skills necessary for different positions in their employment setting.				
5. Agency actively seeks feedback from local employers about client performance once in the employment setting.				
6. Agency staff are available to local employers to address issues that arise during the client's transitional period.				
7. Agency has a system in place to regularly contact transitional clients to determine any unmet needs and to maximize the potential for job retention.				

Additional comments – including variations by component:

III. TANF POLICY:

- *Ask these questions of the large group following the presentation at the beginning of the day. You may gain other insights into these areas throughout the day, but DO NOT focus on these questions with each small group.*

Are there any current TANF policies or procedures that facilitate or inhibit your ability to serve clients effectively? What recommendations do you have for change?

What are your most significant concerns / agency challenges in light of federal reauthorization of TANF and the expiration of Virginia's waiver authority?

THE REMAINING SECTIONS ARE TO BE COMPLETED DURING THE MEETINGS WITH INDIVIDUALS / PAIRS FOLLOWING THE PRESENTATION AND LARGE GROUP DISCUSSION.

SCREENING - Obtain copies of screening instruments, scoring grids, and any related policies or procedures.

SCREENING STANDARDS	***[insert] COMPONENT 1***			***[insert] COMPONENT 2***			***[insert] COMPONENT 3***			***[insert] COMPONENT 4***		
	STATUS			***STATUS***			***STATUS***			***STATUS***		
	0	1	2	0	1	2	0	1	2	0	1	2
1. All TANF clients receive the same level of screening.												
2. Project staff who conduct screenings have received training within the past year.												
3. Findings that result in referral are consistent from client to client.												
4. Private environment available for screening and mechanisms in place to minimize client discomfort with disclosure of sensitive information (i.e., written disclosure).												
5. Findings of screening explained to the client and available services discussed.												
COMMENTS BY COMPONENT												

V. REFERRALS - Obtain copies of policies or procedures related to referral activities.

REFERRAL STANDARDS	*[insert] COMPONENT 1* STATUS			*[insert] COMPONENT 2* STATUS			*[insert] COMPONENT 3* STATUS			*[insert] COMPONENT 4* STATUS		
	0	1	2	0	1	2	0	1	2	0	1	2
1. Project staff familiar with service providers in the community.												
2. Findings of screening shared with service provider.												
3. Project staff assist clients with arranging appointment, childcare and transportation in order to maximize client follow-through.												
4. Service provider's proximity to client's residence considered in referral process.												
5. Referrals take place within one week of completing initial screening.												
6. Clients wait no longer than 21 days for appointment.												
7. Strategies in place to remind client of upcoming appointments.												
8. Project staff monitors client's compliance with scheduled appointments.												
COMMENTS BY COMPONENT												

VI. ASSESSMENT AND DIAGNOSIS

ASSESSMENT AND DIAGNOSIS STANDARDS	*[insert] COMPONENT 1* STATUS			*[insert] COMPONENT 2* STATUS			*[insert] COMPONENT 3* STATUS			*[insert] COMPONENT 4* STATUS		
	0	1	2	0	1	2	0	1	2	0	1	2
1. Providers possess appropriate training to assess and diagnose clients.												
2. Information provided to project staff within 14 days of completing assessment.												
3. Recommendations made to project staff with regard to appropriate interventions and services.												
4. Project staff provided with guidance when working with clients with complex issues.												
5. Providers and project staff has a plan in place to assist client with arranging necessary follow-up services.												
6. Providers co-located so that assessment and diagnostic services are immediately available to the client when potential barriers are identified.												
7. Procedures are in place to conduct reassessments as needed.												
COMMENTS BY COMPONENT												

VII. SERVICE PROVISION

SERVICE PROVISION STANDARDS	*[insert] COMPONENT 1* STATUS			*[insert] COMPONENT 2* STATUS			*[insert] COMPONENT 3* STATUS			*[insert] COMPONENT 4* STATUS		
	0	1	2	0	1	2	0	1	2	0	1	2
1. Services are based on client needs as identified through screening, assessment, and diagnostic activities.												
2. Project staff assist clients with managing their schedule in ways that allow them to participate in services (including child care and transportation).												
3. Work and work-related activities are incorporated into various aspects of the client's program.												
4. Processes in place to address poor attendance.												
5. Client's progress is monitored while in services.												
6. Processes in place to address lower than expected progress.												
7. Processes in place so that client has smooth transition from one service to the next.												
8. Strategies in place to encourage client participation.												
COMMENTS BY COMPONENT												

AREAS FOR IMPROVEMENT AND TRAINING / T.A.

What is the one area that you think should be focused on most heavily with regard to improving the different components of your hard-to-serve project in the next six months? **[One check in each component column only]**

[Interviewer – Do not offer this list of options. Rather, ask an open-ended question and then check the appropriate response category. If you are unclear as to where it fits, use the other space and write it in.]

FOCUS AREA	*[insert] COMPONENT 1*	*[insert] COMPONENT 2*	*[insert] COMPONENT 3*	*[insert] COMPONENT 4*
Client assessment				
Referrals				
Case management				
Engaging clients				
Collaboration with partners				
Linking with employment services				
Improving job placement				
Improving job retention				
Overcoming barriers to self-sufficiency				
Other:_____				

1. In what area is additional staff training, technical assistance, and/or resources needed the most with regard to your hard-to-serve project? **[One check in each component column only]**

   [Interviewer – As above, do not offer this list of options. Rather, ask an open-ended question and then check the appropriate response category. If you are unclear as to where it fits, use the other space and write it in.]

FOCUS AREA	*[insert] COMPONENT 1*	*[insert] COMPONENT 2*	*[insert] COMPONENT 3*	*[insert] COMPONENT 4*
Client assessment				
Referrals				
Case management				
Engaging clients				
Collaboration with partners				
Linking with employment services				
Improving job placement				
Improving job retention				
Overcoming barriers to self-sufficiency				
Other:_____				

REPLICATION:

- When you think about the hard-to-serve project, what aspects do you think would be easy or difficult to replicate in different areas of the state? Please comment on differences by component. Prompt respondents to think about community characteristics, service providers, nature of services, financial resources, staff, etc.

APPENDIX 2

Virginia Commonwealth University
Center for Public Policy

Pre-Site Visit Questionnaire

Instructions:

1. Review the sections and familiarize yourself with the content.

2. Identify the "most knowledgeable person" for each section. It is anticipated that multiple people will participate in completing this document.

3. Work with those identified as "most knowledgeable" to answer the questions in the various sections. Please be sure to put the name and title of the "most knowledgeable person", for each section, in the spaces provided.

4. Please provide thorough answers to each question.

5. Return the completed form, via e-mail, to your site-visit contact at VCU.

- Please attempt to answer all of the questions within the context of your hard-to-serve project. The hard-to-serve project is the entire initiative for which your agency was funded. It includes all components that were funded. *If there are variations by component, please describe them in your answers.*

[insert agency name] DSS is receiving funding for the following components:

[insert]
[insert]
[insert]
[insert]

- **Contact Person:**

- **Phone Number:**

I. PROJECT LEADERSHIP AND STRUCTURE

Name:

Title:

1. Who is responsible for ensuring that the hard-to-serve project is moving toward and meeting its intended goals? What does this person do in their leadership role? Describe any differences that exist by component.

2. Describe the accountability structure within the hard-to-serve project? Who reports to whom? Describe any differences that exist by component.

3. Additional comments:

NOTE: Please provide your site-visit team with any charts or diagrams that describe the organizational structure and/or service provision model(s) with regard to your hard-to-serve project. These can be sent electronically as e-mail attachments or they can be faxed to 804-828-6133.

SCREENING

Name:

Title:

1. Do you have any policies or general guidelines that are followed with regard to screening clients for your hard-to-serve project? Describe any differences that exist by component.

2. Describe the training and experience of the person(s) who screen clients in your agency. Describe any differences that exist by component.

3. What happens once screening is completed?

4. Additional comments:

III. REFERRALS

Name:

Title:

Do you have any policies or general guidelines that are followed with regard to referral of clients for further assessment and diagnosis? Describe any differences that exist by component.

Do you have any policies or general guidelines that are followed with regard to referral of clients for service provision? Describe any differences that exist by component.

Who coordinates referrals in your agency? How are referrals made? Describe any differences that exist by component.

Additional comments:

ASSESSMENT AND DIAGNOSIS

Name:

Title:

Do you have any policies or general guidelines that are followed with regard to the assessment and diagnostic services that clients receive? Describe any differences that exist by component.

Who provides assessment and diagnostic services for your hard-to-serve project? What types of assessment and diagnostic services do they provide? Describe any differences that exist by component.

Additional comments:

SERVICE PROVISION

Name:

Title:

1. Do you have any policies or general guidelines that are followed with regard to service provision? For example, are there any service "pathways" that clients follow? Describe any differences that exist by component.

2. Who provides services for clients in your hard-to-serve project(s)? What type of services do they provide? Describe any differences that exist by component.

3. Additional comments:

VI. COLLABORATION AND PARTNERSHIPS

Name:

Title:

2. Describe any services or activities that you and other local DSS agencies in your area work on collaboratively.

2. Describe any services or activities that you and local service providers in your area work on collaboratively.

3. Describe your interaction and collaboration with local employers.

4. Additional comments:

APPENDIX 3

TANF HARD-TO-SERVE EVALUATION
SITE-VISIT ITINERARY

Please complete the following itinerary that the site-visit team will follow during their time at your agency. The site-visit team would like to talk to project staff and service providers that can speak to one or more of the following: project leadership and structure, screening, referrals, assessment and diagnosis, service provision, and collaboration and partnerships.

A few guidelines:

1. We would like the first session of the day to involve a brief presentation about your agency's hard-to-serve project. This would be a good time to bring representatives from partner agencies together. Following the presentation, we would like to spend approximately 30 to 45 minutes talking to those attending the presentation.
2. During the course of the day, we would like a series of 30 to 45 minute sessions with people that are knowledgeable about the hard-to-serve project. This may include, but is not limited to, the project leader, local agency staff, and community service providers. *Please do not schedule more than two people to participate in any one session.*
3. You may have activities that you would like the site-visit team to observe. For example, a job skills training class or a planning meeting for the hard-to-serve project.
4. Please make sure that time is provided for the site-visit team to meet with someone knowledgeable about the fiscal aspects of your hard-to-serve project.

The following is a sample itinerary. The names and roles are all fictitious. The following page contains a blank itinerary that you can use to plan the day for the site-visit team.

TIME	ACTIVITY	ROLE
8:30 to 9:00	Presentation on project	----------
9:00 to 9:45	Meet with John Mason, Scott Lemon, Wendy Strong, and Peggy Keller (presentation attendees)	J. Mason – Hampton DSS, S. Lemon – Hampton CSB, W. Strong – Work First ESO, P. Keller – Adult Education Center
9:45 to 10:30	Meet with Joe Smith and Mary Kennedy	Case managers on project
10:30 to 11:15	Meet with Jack Strong	Fiscal officer
11:15 to 12:00	Meet with Jill Thomas	Project leader
12:00 to 1:00	LUNCH	----------
1:00 to 2:00	Observe job skills training session	----------
2:00 to 2:45	Meet with Yoko Smith	Job skills training coach
2:45 to 3:00	BREAK	----------
3:00 to 4:00	Meet with David Fung	Information systems analyst
4:00 to 4:45	Meet with Jill Thomas for review and debriefing	Project leader

TIME	ACTIVITY	ROLE
8:30 to 9:00	Presentation on project	----------
9:00 to 9:45	Meet with presentation attendees	
9:45 to 10:30		
10:30 to 11:15		
11:15 to 12:00		
12:00 to 1:00	LUNCH	----------
1:00 to 2:00		
2:00 to 2:45		
2:45 to 3:00	BREAK	----------
3:00 to 4:00		
4:00 to 4:45		